STATE C	F CALIFORNIA - Persona
Administ	
TRAVEL	EXPENSE CLAIM
STD 262	A (REV 9/2007)



Page of Pages

STD 262	2 A (RE)	/ 9/2007)														
CLAIMANT'S NAME SSAN OR EMPLOYEE NUMBER										R	1000	RTMENT				
Frank McCarton POSITION CB/ID NUMBER							CIONIODI	DUDEAL	T		CalEM	~~~~				
Undersec				E99	NUMBER	A 1000 CO 1000	SION OR I		J		1000 CT	NUMBER				
RESIDENCE ADDRESS					HEA	HEADQUARTERS ADDRESS					2000 Executive Office TELEPHONE NUMBER					
CITY STATE ZIP CODE							3650 Schriever Avenue CITY STATE					(916) 845-8530 ZIP CODE				
CITT		STATE		ZIF U	ODE		CITY STATE Mather CA					DDE.				
(1) NORMAL		RS:				(2) PR	IVATE VEHIC	LE LICENS	SE No.:			GE RATE CL	AIMED:			
0800 - 1700 4) / YEAR (6) (7)									0.50		11)	T (12)				
MONTH		25.5.7724	LOCATION		(6)	WIEALO	1 0 7 1 7	10000							(12)	
6/20	010	LUCA	HON	LODGING	BREAK-		O.T.,L/T. N/C. RELO.	INCIDEN-	COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE	CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES	
(5)	TIME	WHERE EXP		59 85	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	1	FOR DAY	
DATE 6/28	TIME 1500	HQ to San		166.32			18.00			sv	PARKING	<del> </del>	<u> </u>	<del> </del>	184.3	
6/29				166.32	6.00	10.00	18.00	6.00							206.3	
6/30	1900	San Fra	ancisco to		6.00	10.00	18.00	6.00		sv	<del> </del>	-		<del> </del>	40.0	
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(13) SUBTOTAL			332.64	12.00	20.00	54.00	12.00							430.64		
NI PHIPPINS		CLAIM TO		/		delegatoristical	- NEDISAHUSIS								430.64	
		REMARKS ANI					EN REQUIRE	<i>D</i> )								
	CY ACCOL	San Francisco JNTING	PCA	PROJECT	WORK	OBJ A	O AMOUN	т овј	AO AI	MOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL	
OFFICE USE ON PAID BY REV. FUND CH			99650		PHASE	292	430.64						+	-	430.64	
PAIDBI	KEV. FUND	CHECK NO.	-				1.00.0								100.04	
			-										+	-	-	
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			<b> </b>	TOTALS		-	430.64						1		430.64	
				tomont of the	travel expens											
nd if milage ra	ates exceed th	That the above	te, I certify	at the cost of	operating the	vehicle was	equal to or g	reater than	the rate cla	imed, and tha	at i nave met u	ne requireme	nts as prescrit	ped by SAM S	ections 0/50,	
nd if milage ra	ates exceed th		te, I certify	and seat belt	usage 1	vehicle was				imed, and tha					ections 0750,	
nd if milage ra	ates exceed th	ne minimum ra	te, I certify	and seat belt	usage /			reater than		imed, and the		AYME'UT		DATE /	. /	
nd if milage ra 751 0752 079	ates exceed the 153 and 0754	ne minimum ra	te, I certify	and seat belt	usage /	vehicle was				imed, and the				DATE /	6/10	